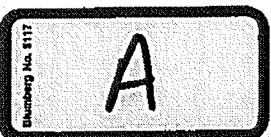


BlueCross BlueShield
of New Mexico[Print](#)

BlueCard® Program Claim Filing

The BlueCard Program links participating health care providers and the independent Blue Cross and Blue Shield (BCBS) Plans across the country and around the world through a single electronic network for claims processing and reimbursement.

The program allows you to submit claims for patients from other domestic and international BCBS Plans directly to your local Blue Plan. Your local Blue Plan will be your contact for claims payment, problem resolution, adjustments, and inquiries.

Identifying BlueCard members

The main identifiers are:

- ▶ PPO in a suitcase logo, for eligible PPO members
- ▶ Empty suitcase logo, for Traditional, POS or HMO members
- ▶ PPOB in a suitcase logo, for PPO members with access to the BlueCard PPO Basic network
- ▶ Blank suitcase logo
- ▶ Three-digit alpha prefix of the identification number (correctly routes BlueCard claims for processing):



Verify eligibility and benefits

We suggest that you **make copies of the ID card (front and back)** and pass this key information on to your billing staff.

- ▶ **Electronic:** Receive real-time responses to your eligibility requests through **Availity®** or your preferred vendor portal;
- ▶ **Telephone:** Call BlueCard Eligibility at **800-676-BLUE (2583)**. The BlueCard Eligibility line is for eligibility, benefits and preauthorization inquiries only.

Obtain preauthorization

General information on pre-certification/preauthorization information can be found on the Out-of-Area member Medical Policy and Pre-Authorization/Pre-Certification Router utilizing the three digit prefix on the member's ID card.

Electronic: BCBSNM contracted providers who are registered with Availity can submit electronic preauthorization requests for out-of-area Blue Plan members. For additional information refer to our Pre-Service Review for Out-of-Area Members tip sheet.

Telephone: Call BlueCard Eligibility at 800-676-BLUE (2583)

File BlueCard claims

After the patient receives care, **submit the claim:**

Electronically: All BCBSNM facility (UB04) and professional (CMS-1500) claims (excluding adjustments) can be filed electronically at no charge through the Availity® Health Information Network. For more information about submitting claims, refer to

| Section 8 - Claims, in the Provider Reference
Manual.

For paper claims, send to:
Blue Cross and Blue Shield of New Mexico
P.O. Box 27630
Albuquerque, NM 87125-7630

- ▶ To ensure prompt payment, include the patient's complete identification number, including the three-digit prefix.
- ▶ Please do not request complete payment up front. After we receive your claim, we will electronically route it to the patient's BCBS Plan. The patient's Plan then processes the claim and authorizes payment. We will then pay you according to our contract with you.
- ▶ Do not send duplicate claims. Sending another claim, or having your billing agency resubmit claims automatically, actually slows down the claims payment process and creates confusion for the member.

Filing Ancillary Claims

Ancillary providers include independent clinical laboratory, durable/home medical equipment and supplies, and specialty pharmacy providers. These providers should submit claims as follows:

Independent Clinical Laboratory (Lab)

- ▶ The Plan in whose state the specimen was drawn based on the location of the referring provider.

Durable/Home Medical Equipment and Supplies (DME)

- ▶ The Plan in whose state the equipment was shipped to or purchased at a retail store.

Specialty Pharmacy

- ▶ The Plan in whose state the ordering physician is located.

Refer to the Ancillary Claims section of the [BlueCard Program Provider Manual](#) □ for examples in filing ancillary claims.

Claim Status

You or your billing agent can obtain real-time results by checking claim status through the [Availity® Claim Research Tool](#) □ or your preferred vendor. The Claim Research Tool provides the equivalent of an Explanation of Benefits (EOB), including line item breakdowns and detailed denial descriptions. All results are printable and can be used as a duplicate EOB for another insurance carrier when requested.

Need more information?

See the [BlueCard Program Provider Manual](#) □ or [frequently asked questions](#) □. View the [member information](#) about the BlueCard Program.

- * If you contract with more than one Plan in a state for the same product type (i.e., PPO or Traditional), you may file the claim with either Plan.

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